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**Health and Adult Social Care Policy and  
Scrutiny Committee**

**24 January 2022**

Report of the Director of Public Health

**Public Health – Oral Health Promotion Update Report**

**Summary**

1. This report outlines the Oral Health priorities for Public Health in York around the responsibilities held by the Local Authority and provides scrutiny with an update. These are:
  - a. Oral Health Promotion.
  - b. A biennial epidemiology survey.
  - c. Provision of leadership via an Oral Health Advisory Group (OHAG).
  - d. The production of an Oral Health Strategy – written with partners.
  - e. Supporting Flexible Commissioning in local dentists to reduce oral health inequalities.

**Background**

2. Tooth decay is almost entirely preventable and dental pain is an issue for those affected as it can result in difficulties in eating and speaking, loss of sleep and days absent from school/work.
3. To reduce the chance of developing oral health issues it is essential that we engage in good oral health practices including, brushing twice a day with a fluoride toothpaste, flossing, drink fluoridated water, limit the amount of times sugar or sugary drinks are consumed throughout the day, access to preventative oral health practices and oral health practitioners – for example dentists applying fluoride varnish to children's teeth and regular check-ups which can identify issues early and prevent the need for extractions and/or fillings.

4. In 2018 Healthwatch published a report 'Filled to capacity: NHS Dentistry in York', which found it was difficult to access NHS dentistry in the city. At that time 46% of people surveyed responded to say they couldn't find a dentist who was taking on NHS patients. In July 2021 a further report was published, 'NHS dentistry – a service in decay?' This report recommended that a rapid and radical reform to the way dentistry is commissioned and provided – recognising that current arrangements do not meet the needs of many people...'

### **Oral Health Promotion**

5. The most recent dental survey shows that whilst the prevalence and severity of dental decay in 5-year-olds in York is less than the Yorkshire or England average, those children that are most affected have almost 4 teeth decayed, extracted or filled by the time they reach 5 years of age.
6. As tooth decay is almost entirely preventable good oral health is important from the eruption of the first tooth and a practice that should continue throughout life. New parents are provided with oral health promotion via our Healthy Child Service and in 2022 we are working with partners across the city to promote healthy oral health practices and raise awareness of dental decay.
7. Working with those who reach those most affected we will be offering on-line training to health and social care staff who work with the most vulnerable including those families who are on the Universal partnership or Universal Partnership Plus case load, children who are looked after and those with special educational needs.
8. Universal promotion of good dental care will be provided to all early years and primary school settings to help raise awareness of the importance of good oral health.

### **Biennial epidemiology survey**

9. All local authorities in England are required to undertake dental surveys as part of a programme of work to help improve the dental health of people in their area. The official authority for dental health surveys is provided by The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.
10. Surveys of the oral health of 5-year-old children are undertaken biennially to support reporting against the Public Health Outcomes Framework. Surveys of other population groups are undertaken in the

intervening year. The survey is undertaken following a national protocol, sampling procedure and following regional training calibration for those conducting the fieldwork.

11. In York and North Yorkshire it has been agreed that the funding for this work will be focused only on the 0-5 year old survey and therefore will take place only every other year. Both Local Authorities are looking for a service provider to carry out the survey as the contract with Harrogate District Foundation Trust ended on 31<sup>st</sup> March 2020 due to HDFT stating they did not wish to extend the contract, as they were unable to provide the services within the financial envelope.
12. As a result of the COVID pandemic there has been no epidemiology survey completed since 2018.

### **Oral Health Advisory Group**

13. Prior to the COVID-19 outbreak an Oral Health Advisory Group (OHAG) met quarterly, however this was postponed during the pandemic but in October 2021 it was reinstated with representation from the Local Dental Network, Office of Health Improvement and Disparities (OHID) CCG, HDFT, NYCC and CYC.
14. The purpose of the group is to enable City of York Council to fulfil their statutory duties with regards to oral health improvement and addressing oral health inequalities. This will be delivered through the application of professional and clinical knowledge, insight and understanding and through collaboration with patient and public representatives.
15. The work of the group includes the coordination and local implementation of both national and local strategies and work plans including:
  - Commissioning better oral health.
  - Tackling poor oral health in children and implementing the Oral Health Improvement Strategy for the City of York published in 2019.

### **Children's Oral Health Improvement Strategy 2019 - 2024**

16. This strategy presents the first strategic approach to oral health improvement within the City of York, supporting prevention and promotion of good oral health in children and young people.

17. The oral health strategy is aimed at improving the oral health of all children in York, with a particular focus on those children who are most vulnerable by addressing inequalities in oral health which were identified in the Oral Health Needs Assessment of Children in York 2018.
18. The strategy was developed using an evidence-based toolkit: Local Authorities Improving Oral Health Commissioning. Better Oral Health in Children and Young people.
19. The strategy will assist in ensuring that all children establish a solid foundation for good oral health in the early years which, it is hoped, will continue into adulthood and throughout their life course.

### **Flexible Commissioning**

20. The NHS England – Starting Well - A Smile for Life is a national initiative. The aim of this programme is to improve children's oral health and reduce inequalities. Flexible Commissioning is an [NHS England led](#) initiative aimed at reducing dental health inequalities.
21. The programme is encouraging all parents and carers of children under 5 years (with a focus on children under one years old) to take them to the dentist regularly for examinations, prevention interventions, advice and treatment. It is important that children are taken to the dentist as soon as their teeth come through and before their first birthday.
22. There are a number of Flexible Commissioning Practices across the city who are accepting children under 5 years old in order to provide long-term dental care. Where a Health Visitor identifies a universal family/child is not receiving regular care from a dentist they will provide the parent/carer with a signposting card. The card identifies their nearest Starting Well dental practices and parents/carers are asked to book appointments for their children with these practices directly.

### **Consultation**

23. Not applicable.

### **Options**

24. Members are asked to consider and note the content of this paper.

## Analysis

25. There is always more that can be done to support good oral health and healthy behaviours. It is important that good oral health behaviours are established in childhood by parents from the eruption of the first tooth and it is a lifelong commitment.
26. Dental and oral health is an essential part of our overall health and wellbeing and has been linked to heart disease, cancer and diabetes. The earlier we learn proper oral hygiene habits — such as brushing, flossing, and limiting your sugar intake — the easier it'll be to avoid costly dental procedures and long-term health issues.
27. There is strong evidence that shows that the daily application of fluoride tooth paste to teeth reduces the incidence and severity of tooth decay. Whilst this should be seen as something that should be supervised by parents at home, for children in vulnerable families, often with chaotic lifestyles this is difficult to achieve without support. Unfortunately, HDFT were unable to continue with supervised tooth brushing under its initial contract due to funding issues and this scheme was discontinued in York in 2019.
28. Supervised tooth brushing is not intended to replace home brushing but to support and encourage this as a lifetime habit. [NICE guidance](#) supports such programmes, and recommends supervised tooth brushing scheme for nurseries and primary schools in areas where children are at high risk of poor oral health.

## Council Plan

29. In the May update to the Council Plan the local authority reiterated its commitment to supporting the best quality of life for 'our residents', especially those who educational, health and economic outcomes could be improved. The plan includes a number of key performance indicators including:
  - a. Good Health and wellbeing, and
  - b. A better start for children and young people which includes the reduction of health inequalities.
30. Both of these key indicators are affected and enhanced by access to oral health practitioners and healthy oral health behaviours.

## Implications

31. Members are asked to consider the following implications:

- **Financial.** Budget restrictions/reductions have meant that it is not financially viable for Harrogate Hospitals Foundation trust to continue with the supervised tooth brushing schemes within 13 settings in York and via the Healthy Child Service. A small increase to this budget would mean that these inequalities are reduced resulting in healthy behaviours which last throughout life and prevent unnecessary pain, surgery and long-term conditions.
- **Human Resources (HR).** There are no HR implications within this report.
- **Equalities.** Poor oral health disproportionately affects children in vulnerable families, children who are looked after, those who have special educational needs and those of migrant and underserved populations.
- **Legal.** There are no legal implications within this report.
- **Crime and Disorder.** There are no crime and disorder implications within this report.
- **Information Technology (IT).** There are no IT implications in this report
- **Property.** There are no property implications within this report
- **Other.**

32. **Public Health Implications:** An article in [‘The Lancet’](#), July 2019, noted that oral diseases are ‘undoubtedly a global public health problem’ and recognise the need, ‘to address oral disease amongst other non-communicable diseases as a global health priority’.

33. Children living in poverty, socially marginalised groups, and older people are the most affected by oral diseases and have poor access to dental care. For these groups oral diseases remain largely untreated because the treatment costs exceed available resources. The personal consequences of chronic untreated oral diseases are often severe and can include unremitting pain, sepsis, reduced quality of life, lost school days, disruption to family life, and decreased work productivity.

## **Risk Management**

34. Tooth decay impacts on children and families, children who have toothache or who need treatment may have; pain, infections and difficulties with eating, sleeping, speaking and socialising. They may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital. Children's poor oral health links to other key policy areas such as getting the best start in life, inequalities, child obesity, school readiness and development of speech and language.

## **Recommendations**

35. The purpose of this report is to provide Health and Adult Social Care Policy and Scrutiny Committee with an update regarding the Public Health responsibilities regarding Oral Health.

Scrutiny are asked to:

- i. Note the content of this report.
  - ii. Support the implementation of the Oral Health Strategy where they can.
  - iii. Support the further development of 'Flexible commissioning' opportunities across the city to reduce inequalities.
  - iv. Provision of an oral health campaign with two strands:
    - o Firstly to work across the system to provide information to local people on NHS dentistry options within the city, what is available in terms of emergency dental care if someone is experiencing acute pain.
    - o Secondly an oral health promotion and prevention of dental caries. Self-care, how we can look after our teeth, teaching resources that may be used in early years settings and across the life course
36. The aim is to ensure a systemwide approach to local need for a robust oral health pathway which is accessible and equitable and timely manner for the population of Work.

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**Chief Officer Responsible for the report:**

Fiona Phillips  
Assistant Director of Public Health

**Report  
Approved**



**Date** 12.01.2022

**Wards Affected:**

**All** 

**For further information please contact the author of the report**

**Background Papers:**

[Filled to Capacity: NHS dentistry in York](#). March 2018, Healthwatch York.

[NHS Dentistry – a service in decay?](#) July 2021, HealthWatch York



## Abbreviations

<b>Abbreviations for Scrutiny report on Oral Health.</b>		
<b>Abbreviation</b>	<b>In Full</b>	<b>Explanation</b>
CCG	Clinical Commissioning Group ( or Vale of York Clinical Commissioning Group)	The CCG is an NHS organisation led by clinicians from GP practices, who understand the needs of the community and the impact that local services have on patients' health and wellbeing. The CCG serve a population of more than 350,000 people in York, Selby, Tadcaster, Easingwold and Pocklington and the surrounding towns, villages and rural areas in the Vale of York. They commission (plan and design) many of the health services that local patients use.
CYC	City of York Council	Unitary Local Authority covering the city of York and providing government services to around 200000 people in an area covering approximately 105 square miles.
HDFT	Harrogate and District Foundation Trust	Harrogate and District NHS Foundation Trust runs Harrogate District Hospital, a NHS district general hospital in Harrogate.
NICE	National Institute for Health and Care Excellence	The National Institute for Health and Care Excellence (NICE) is an executive non-departmental public body of the Department of Health in England which publishes guidelines in four areas: the use of technologies including the use of new medicines, treatments and procedures, clinical practice guidelines, guidance for public sector workers on health promotion, and guidance for social care services and users. These appraisals are based primarily on evidence-based evaluations of efficacy, safety and cost-effectiveness in various circumstances.
NYCC	North Yorkshire County Council	North Yorkshire County Council is the county council governing the non-metropolitan county of North Yorkshire. The county council provides services across North Yorkshire including Harrogate, Ripon, Scarborough, Whitby, Northallerton, Thirsk, Selby and Tadcaster.
OHAG	Oral Health Advisory Group	Oral Health Advisory Group. The purpose of the group is to enable City of York Council to fulfil their statutory duties with regards to oral health improvement and addressing oral health inequalities.
OHID	Office of Health Improvement and Disparities	OHID focuses on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.